

COMMONWEALTH OF MASSACHUSETTS
Massachusetts Management Accounting and Reporting Systems
Office of the Comptroller
MMARS
PEND 1 REQUEST FORM

Add _____
Change _____

Department Name: _____ Date: _____

Department 3-Letter Code: _____

TRANSACTION	DOLLAR RANGE	EFFECTIVE DATE
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

List transaction(s) requested, dollar range (if any), and effective date.

Signature of Security Officer: _____

Note: The Pend 1 will apply to all transactions within the department as requested above.

FOR COMPTROLLER'S USE ONLY

Security Administration
(617) 973-2381

Approved By: _____

Date: _____

Please return completed and signed forms to:

Comptrollers Division
Security Administration
One Ashburton Place
Boston, MA 02108